



# 2013 Arizona ATS Test

Test: 400-00-7504

Form: 140

**Description:** Resident (Deceased), MFJ, Age 65, Blind, Investment & Retirement Income, No Dependents

**Forms used**

Form 140, 131, 1099-R (2)

**Other**

**Income Information**

	<b><u>Total</u></b>	<b><u>Arizona</u></b>
Income from Investments	33,500	33,500
Retirement Income	10,500	10,500
Social Security Benefits	10,880	10,880
Federal AGI	54,880	
Net Capital Gains		

**Deductions and Adjustments**

	<b><u>Total</u></b>	<b><u>Arizona</u></b>
AZ Standard Deduction		9,883

**Preparer Information**

Name = Kathleen Taxpro

Firm = H&R Block

Address = 599 Thunderbird Blvd, Dublin, OH 43017

Phone = 614-659-1505

Self Employed = No

SSN =

EIN = 43-1632899

# Arizona Form 140 Resident Personal Income Tax Return

FOR  
CALENDAR YEAR  
**2013**

OR FISCAL YEAR BEGINNING MM, DD, YYYY AND ENDING MM, DD, YYYY **66**

**82F** ☐ Check box 82F if filing under extension

<b>1</b> Your First Name and Middle Initial <b>PASSED (Dec 2013-10-15)</b>	Last Name <b>AWAY</b>	<b>Enter your SSN(s).</b>	Your Social Security No. <b>400,00   7504</b>
<b>1</b> Spouse's First Name and Middle Initial (if box 4 or 6 checked) <b>INVESTOR</b>	Last Name <b>WIDOW</b>		Spouse's Social Security No. <b>400,00   1014</b>
<b>2</b> Current Home Address - number and street, rural route <b>111 MAIN STREET</b>		Apt. No.	Daytime Phone (with area code) <b>94 (623) 487-9238</b>
<b>3</b> City, Town or Post Office <b>SURPRISE</b>	State <b>AZ</b>	ZIP Code <b>85387</b>	Last Names Used in Prior Year(s)

<b>EXEMPTIONS</b>	<b>4</b> <input checked="" type="checkbox"/> Married filing joint return	<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b> <b>88</b>	
	<b>5</b> <input type="checkbox"/> Head of household - Enter name of qualifying child or dependent on next line:		
	<b>6</b> <input type="checkbox"/> Married filing separate return. Enter spouse's name and Social Security No. above.		
	<b>7</b> <input type="checkbox"/> Single		
	<b>↓ Enter the number claimed. Do not put a check mark.</b>		
	<b>8</b> <b>2</b> Age 65 or over (you and/or spouse)		
<b>9</b> <b>1</b> Blind (you and/or spouse)	<b>81</b> PM	<b>80</b> RCVD	
<b>10</b> Dependents. From page 2, line A2 - <b>do not include self or spouse.</b>			
<b>11</b> Qualifying parents and grandparents. From page 2, line A5.			

<b>12</b> Federal adjusted gross income (from your federal return) .....	<b>12</b>	54,880	00
<b>13</b> Additions to income (from page 2, line B12) .....	<b>13</b>		00
<b>14</b> Subtotal: Add lines 12 and 13, and enter the total .....	<b>14</b>	54,880	00
<b>15</b> Subtractions from income (from page 2, line C17 or line C30) .....	<b>15</b>	5,700	00
<b>16</b> Net capital gain or (loss): <b>16A</b> <u>9,500</u> <u>00</u> . Net long-term capital gain subtraction (from page 2, line D34) .....	<b>16</b>		00
<b>17</b> <b>Arizona adjusted gross income.</b> Subtract lines 15 and 16 from line 14, and enter the difference .....	<b>17</b>	49,180	00
<b>18</b> <b>Deductions: Check box and enter amount.</b> See instructions ..... <b>18I</b> <input type="checkbox"/> ITEMIZED <b>18S</b> <input checked="" type="checkbox"/> STANDARD	<b>18</b>	9,883	00
<b>19</b> Personal exemptions. See instructions .....	<b>19</b>	4,200	00
<b>20</b> Arizona taxable income: Subtract lines 18 and 19 from line 17. If less than zero, enter zero .....	<b>20</b>	35,097	00
<b>21</b> Compute the tax using amount on line 20 and Tax Table X, Y or Optional Tax Tables .....	<b>21</b>	952	00
<b>22</b> Tax from recapture of credits from Arizona Form 301, Part II, line 36 .....	<b>22</b>		00
<b>23</b> Subtotal of tax: Add lines 21 and 22 .....	<b>23</b>	952	00
<b>24</b> Family income tax credit (from worksheet in the instructions) .....	<b>24</b>		00
<b>25</b> Credits from Arizona Form 301, Part II, line 69, or Forms 310, 321, 322, and 323 if Form 301 is not required .....	<b>25</b>		00
<b>26</b> Credit type: Enter form number of each credit claimed ..... <b>26</b> <u>13</u> <u>13</u> <u>13</u> <u>13</u>	<b>26</b>		
<b>27</b> <b>Balance of tax:</b> Subtract lines 24 and 25 from line 23. If the sum of lines 24 and 25 is more than line 23, enter zero .....	<b>27</b>	952	00
<b>28</b> Arizona income tax withheld during 2013 .....	<b>28</b>	341	00
<b>29</b> Arizona estimated tax payments for 2013 .....	<b>29</b>	1,000	00
<b>30</b> 2013 Arizona extension payment (Form 204) .....	<b>30</b>		00
<b>31</b> Increased Excise Tax Credit (from Form 140PTC or worksheet - see instructions) .....	<b>31</b>		00
<b>32</b> Property Tax Credit from Form 140PTC .....	<b>32</b>		00
<b>33</b> Other refundable credits: Check the box(es); enter the amount ..... <b>331</b> <input type="checkbox"/> 308-I <b>332</b> <input type="checkbox"/> 342 <b>333</b> <input type="checkbox"/> 349 <b>334</b> <input type="checkbox"/> 350	<b>33</b>		00
<b>34</b> <b>Total payments/refundable credits:</b> Add lines 28 through 33 .....	<b>34</b>	1,341	00
<b>35</b> <b>TAX DUE:</b> If line 27 is larger than line 34, subtract line 34 from line 27 and enter amount of tax due. Skip lines 36, 37 and 38 .....	<b>35</b>		00
<b>36</b> <b>OVERPAYMENT:</b> If line 34 is larger than line 27, subtract line 27 from line 34 and enter amount of overpayment .....	<b>36</b>	389	00
<b>37</b> Amount of line 36 to be applied to 2014 estimated tax .....	<b>37</b>		00
<b>38</b> Balance of overpayment: Subtract line 37 from line 36 .....	<b>38</b>	389	00
<b>39 - 48 Voluntary Gifts to:</b>			
Child Abuse Prevention ..... <b>41</b>	<b>00</b>	Solutions Teams Assigned to Schools ..... <b>39</b>	<b>00</b>
National Guard Relief Fund ..... <b>44</b>	<b>00</b>	Domestic Violence Shelter ..... <b>42</b>	<b>00</b>
Veterans' Donations Fund ..... <b>47</b>	<b>00</b>	Neighbors Helping Neighbors ..... <b>45</b>	<b>00</b>
		I Didn't Pay Enough Fund ..... <b>48</b>	<b>00</b>
<b>49</b> Voluntary Political Gift (check only one): <b>491</b> <input type="checkbox"/> Americans Elect <b>492</b> <input type="checkbox"/> Democratic <b>493</b> <input type="checkbox"/> Green <b>494</b> <input type="checkbox"/> Libertarian <b>495</b> <input type="checkbox"/> Republican			
<b>50</b> Estimated payment penalty; MSA penalty; and AZ Long-Term Health Care Savings Account (AZLTHSA) penalty .....			
<b>51</b> <b>511</b> <input type="checkbox"/> Annualized/Other <b>512</b> <input type="checkbox"/> Farmer or Fisherman <b>513</b> <input type="checkbox"/> Form 221 attached <b>514</b> <input type="checkbox"/> MSA Penalty <b>515</b> <input type="checkbox"/> AZLTHSA Penalty			
<b>52</b> Total of lines 39 through 48 and 50 .....			
<b>53</b> <b>REFUND:</b> Subtract line 52 from line 38. If less than zero, enter amount owed on line 54 .....			
<b>Direct Deposit of Refund: Check box 53A if your deposit will be ultimately placed in a foreign account; see instructions. 53A</b> <input type="checkbox"/>			
ROUTING NUMBER ACCOUNT NUMBER <b>C</b> <input type="checkbox"/> Checking or <b>S</b> <input type="checkbox"/> Savings			
<b>54</b> <b>AMOUNT OWED:</b> Add lines 35 and 52. Make check payable to Arizona Department of Revenue; include SSN on payment. <b>54</b>			

ONE STAPLE. NO TAPE.

Place any required federal and AZ schedules or other documents after Form 140 page 2; staple to upper left corner.

Your Name (as shown on page 1)	Your Social Security No.
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**If completing Part A, also complete Part C, lines C15 and/or C16 and C17.**

**A1** List children and other dependents. Do not list yourself or spouse. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2013

**A2** Enter total number of persons listed in A1 here and on the front of this form, box 10; **also complete Part C below**.....

<b>A2</b>	
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**A3 a** Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

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**b** Enter the dependents listed above who were not claimed on your federal return due to education credits:

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**A4** List qualifying parents and grandparents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or grandparent, see instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2013

**A5** Enter total number of persons listed in A4 here and on the front of this form, box 11 .....

<b>A5</b>	
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**B6** Non-Arizona municipal interest.....

<b>B6</b>		00
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**B7** Ordinary income portion of lump-sum distributions excluded on your federal return.....

<b>B7</b>		00
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**B8** Total federal depreciation. Also see the instructions for line C22 .....

<b>B8</b>		00
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**B9** Medical savings account (MSA) distributions. See page 7 of the instructions.....

<b>B9</b>		00
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**B10** Reserved .....

<b>B10</b>		
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**B11** Other additions to income. See instructions and attach your own schedule.....

<b>B11</b>		00
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**B12 Total:** Add lines B6 through B11. Enter here and on the front of this form, line 13 .....

<b>B12</b>		00
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**C13** Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100 .....

<b>C13</b>	4,200	00
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**C14** Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500 .....

<b>C14</b>	1,500	00
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**C15** Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300 .....

<b>C15</b>		00
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**C16** Exemption: Qualifying parents and grandparents. Multiply box 11, page 1, by \$10,000 .....

<b>C16</b>		00
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**C17** Total exemptions: Add lines C13 through C16. **If you have no other subtractions from income, skip lines C18 through C30 and enter the amount on line C17 on Form 140, Page 1, line 15**.....

<b>C17</b>	5,700	00
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**C18** Interest on U.S. obligations such as U.S. savings bonds and treasury bills .....

<b>C18</b>		00
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**C19** Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer) .....

<b>C19</b>		00
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**C20** Arizona state lottery winnings included as income on your federal return (up to \$5,000 only).....

<b>C20</b>		00
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**C21** U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (taxable amount) .....

<b>C21</b>	10,880	00
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**C22** Recalculated Arizona depreciation .....

<b>C22</b>		00
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**C23** Certain wages of American Indians .....

<b>C23</b>		00
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**C24** Income tax refund from other states. See instructions.....

<b>C24</b>		00
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**C25** Deposits and employer contributions into MSAs. See page 11 of the instructions .....

<b>C25</b>		00
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**C26** Adjustment for I.R.C. §179 expense not allowed.....

<b>C26</b>		00
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**C27** Pay received for active service as a member of the reserves, national guard or the U.S. armed forces .....

<b>C27</b>		00
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**C28** Net operating loss adjustment. See instructions before you enter any amount here .....

<b>C28</b>		00
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**C29** Other subtractions from income. See instructions and attach your own schedule .....

<b>C29</b>		00
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**C30 Total:** Add lines C17 through C29. **Enter here and on the front of this form, line 15** .....

<b>C30</b>	16,580	00
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**D31** Enter the total net short-term capital gain or (loss) included on page 1, line 12.....

<b>D31</b>	200	00
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**D32** Enter the total net long-term capital gain or (loss). Enter the amount from your worksheet, line 12, column (b) .....

<b>D32</b>	9,300	00
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**D33** Enter the net long-term capital gain from assets acquired after December 31, 2011 (from your worksheet, line 12, column (d)) .....

<b>D33</b>		00
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**D34** Multiply line D33 by 10% (.10). Enter here and on page 1, line 16.....

<b>D34</b>	0	00
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I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>PLEASE SIGN HERE</b>	<b>→</b> YOUR SIGNATURE _____	DATE _____	<b>DECEASED</b>
			OCCUPATION _____
	<b>→</b> SPOUSE'S SIGNATURE _____	DATE _____	<b>RETIRED</b>
			SPOUSE'S OCCUPATION _____
	<b>H&amp;R BLOCK</b>		
	PAID PREPARER'S SIGNATURE _____	DATE _____	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____
599 THUNDERBIRD BLVD			P7777777
PAID PREPARER'S STREET ADDRESS _____			PAID PREPARER'S TIN _____
DUBLIN OH 43017			( )
PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____			PAID PREPARER'S PHONE NO. _____

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

## Claim for Refund on Behalf of Deceased Taxpayer

Please print or type.

FOR  
CALENDAR YEAR

2013

☒ For calendar year decedent was due a refund: 2013 OR ☐ Fiscal year ending: MONTH YEAR 66

1 Decedent's Name (last, first, middle initial) AWAY, PASSED		2 Date of Death 10152013	3 Decedent's Social Security No. 400 00 7504
4 Name of Person Claiming Refund (last, first, middle initial) WIDOW, INVESTOR		5 Claimant's Social Security or Federal I.D. No. 400-00-1014	
6 Home Address of Person Claiming Refund - number and street, rural route 111 MAIN STREET		Apt. No.	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88          81 PM 80 RCVD
7 City, Town or Post Office SURPRISE	State AZ	ZIP Code 85387	
8 Claimant's Relationship to Decedent SPOUSE			

**Part I:** Check the box that applies to you. Check only one box.  
Be sure to complete Part III below.

- 9a ☒ Surviving spouse claiming a refund based on a joint return.
- 9b ☐ Court-appointed or certified personal representative.  
Attach a court certificate (issued after death) showing your appointment.
- 9c ☐ Person other than 9a or 9b claiming refund for the decedent's estate.  
See instructions and complete Part II below.

**Part II:** Complete Part II only if you checked box 9c in Part I above.

- |   | YES                          | NO                       |
|---|------------------------------|--------------------------|
| 10a Did the decedent leave a will? .....  | 10a <input type="checkbox"/> | <input type="checkbox"/> |
| 10b Has a personal representative been appointed for the estate of the decedent? .....  | 10b <input type="checkbox"/> | <input type="checkbox"/> |
| 10c If you answered "No" on line 10b, will one be appointed? .....<br>If you answered "Yes" to 10a or 10b, do not file this form. The personal representative must file for the refund. | 10c <input type="checkbox"/> | <input type="checkbox"/> |
| 11 As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident? .....           | 11 <input type="checkbox"/>  | <input type="checkbox"/> |

If you answered "No" on line 11, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or until you submit other evidence that you are entitled under state law to receive the refund.

**Part III:**

I request a refund of taxes overpaid by, or on behalf of, the decedent. Under penalties of perjury, I declare that the statements made on this form have been examined by me and to the best of my knowledge, they are true, correct and complete.



Signature of Person Claiming Refund

Date

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code  DAGWOOD & BLONDIE'S SANDWICH JOINT 123 BLUEBIRD CIRCLE BETHLEHEM PA 40007		<b>1</b> Gross distribution \$		OMB No. 1545-0119  <b>2013</b>  Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>  <b>Copy 1</b> <b>For State, City, or Local Tax Department</b>	
		<b>2a</b> Taxable amount \$					
		<b>2b</b> Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
<b>PAYER'S federal identification number</b>  61-6737341	<b>RECIPIENT'S identification number</b>  400-00-7504	<b>3</b> Capital gain (included in box 2a) \$		<b>4</b> Federal income tax withheld \$			
<b>RECIPIENT'S name</b>  PASSED AWAY  <b>Street address (including apt. no.)</b>  111 MAIN STREET  <b>City or town, province or state, country, and ZIP or foreign postal code</b> SURPRISE, AZ 85387		<b>5</b> Employee contributions /Designated Roth contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$			
		<b>7</b> Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	<b>8</b> Other \$	%		
		<b>9a</b> Your percentage of total distribution %		<b>9b</b> Total employee contributions \$			
<b>10</b> Amount allocable to IRR within 5 years \$	<b>11</b> 1st year of desig. Roth contrib.	<b>12</b> State tax withheld \$		<b>13</b> State/Payer's state no. AZ/61-6737341		<b>14</b> State distribution \$ 9,200.00	
<b>Account number (see instructions)</b>		<b>15</b> Local tax withheld \$		<b>16</b> Name of locality		<b>17</b> Local distribution \$	
		\$		\$		\$	
		\$		\$		\$	

Form **1099-R**

[www.irs.gov/form1099r](http://www.irs.gov/form1099r)

Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code  DAGWOOD & BLONDIE'S SANDWICH JOINT 123 BLUEBIRD CIRCLE BETHLEHEM PA 40007		1 Gross distribution \$		OMB No. 1545-0119  <b>2013</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>	
		2a Taxable amount \$		Form <b>1099-R</b>			
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
PAYER'S federal identification number  61-6737342	RECIPIENT'S identification number  400-00-1014	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		<b>Copy 1 For State, City, or Local Tax Department</b>	
RECIPIENT'S name  INVESTOR WIDOW  Street address (including apt. no.)  111 MAIN STREET  City or town, province or state, country, and ZIP or foreign postal code SURPRISE, AZ 85387		5 Employee contributions /Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$			
		7 Distribution code(s)  IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other \$ %			
		9a Your percentage of total distribution %		9b Total employee contributions \$			
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$		13 State/Payer's state no. AZ/61-6737342		14 State distribution \$ 1,300.00	
Account number (see instructions)		15 Local tax withheld \$		16 Name of locality		17 Local distribution \$	
		15 Local tax withheld \$		16 Name of locality		17 Local distribution \$	
		15 Local tax withheld \$		16 Name of locality		17 Local distribution \$	

Form **1099-R**

[www.irs.gov/form1099r](http://www.irs.gov/form1099r)

Department of the Treasury - Internal Revenue Service